

City of Liberty Lake

22710 East Country Vista Drive Liberty Lake WA 99019 (509) 755-6700 Fax: (509) 755-6713

Application for Library Board of Trustee

Thank you for your interest in serving on the Library Board of Trustee. The purpose of this form is to provide the Mayor and City Council Members with some information about individuals considered for appointment. This application will be kept on file for two years. The file of completed applications is open for public inspection upon request.

Date:		
Name:		
(First)	(Middle)	(Last)
Home mailing address:		
Home Phone:		
Business Phone:		
Fax:		
Email:		
Employed by:		
Business Address:		
Are you a registered voter in	the City of Liberty Lake?	
How long have you lived cor	atinuously in the Liberty Lake co	mmunity?
	d for anything other than a minor	
Tiave you ever seen convicted	a for any iming owner than a minor	
Educational background:		
Professional qualifications an		

Community activities and/or other experience:		
References: (Please list name, address and phone r	number)	
1		
Would your appointment create a conflict of interes		
Please indicate qualifications and reasons for desir	ing to serve:	
Signature:	Date:	
Please Return Form to:		
Arlene Fisher		
Director of Finance/City Clerk City of Liberty Lake 22710 E Country Vista Drive		

OPENED UNTIL FILLED

Liberty Lake, WA 99019